Connecting you with care
Votre lien aux soins

South West
CCAC **CASC**
Community Care Access Centre
Centre d'accès aux soins communautaires
du Sud-Ouest

2015/2016

annual report

OUTSTANDING CARE – EVERY PERSON, EVERY DAY

Our dedicated professional staff and management are guided by our vision and mission, and we strive to live our values as we deliver your care each and every day.

Our Vision

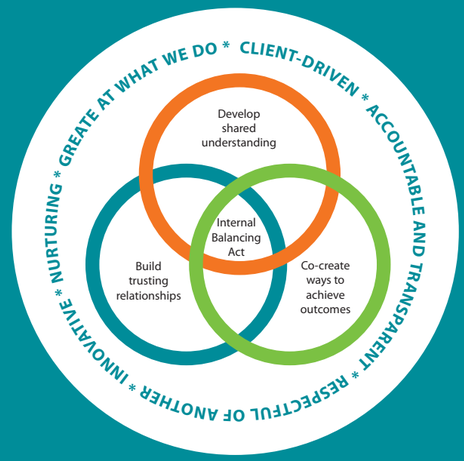
Outstanding care – every person, every day.

Our Mission

To deliver a seamless experience through the health system for people in our diverse communities, providing equitable access, individualized care coordination and quality health care.

Values

We live the values of our compass each day in order to develop shared understanding, build trusting relationships and co-create ways to achieve outcomes.



Patient Satisfaction

Over 8,000 patients surveyed since April 2012

Overall Positive Satisfaction with CCAC

Overall Rating of Our Care Coordinators

Message from the Board Chair and CEO

2015-2016 Board of Directors

FRONT ROW:
Sandra Coleman, CEO,
Linda Ballantyne, Chair,
Brian Hadley, Vice Chair

BACK ROW:
Patricia Campbell, Secretary,
Dr. Claude Lanfranconi, Treasurer,
Tim Cronsberry,
Mary Lapaine, Past Chair,
Dr. Carol McWilliam,
Dr. Don Eby,
Cynthia St. John

FOR A NUMBER OF YEARS, the South West CCAC has experienced both an increase in the number of people needing care and an increase in the complexity of care needed by patients. From the inception of the South West CCAC a decade ago on January 1, 2007, our team has steadfastly responded to challenges such as these with client-driven care to guide us.

When seven CCACs came together to form the South West CCAC, the majority of people we provided care for had mild or medium care needs. Even as recently as five years ago, most patients with complex needs remained in hospital for lengthy stays or were admitted to long-term care. Today, patients with the most intense support needs now make up 84% of our total home care program spending and represent 45% of our total home care patients. To achieve a transition of this significance required visionary resource investment, innovation and strong, collaborative partnerships, resulting in new models of care and use of technology to improve care delivery at the right time, in the place.

We are proud of the work our team has accomplished in 2015/16 and pleased to provide you with this year's annual report. In the report you will learn about some of the initiatives that we have implemented or in many cases, developed to support patients and to use our resources efficiently. Included are links to a few of the patient experience stories and videos that inspire and motivate us to achieve our vision of outstanding care – every person, every day.

As the South West CCAC team approaches our 10th Anniversary and the significant changes planned for the health care system through the Patient First health system transformation work, we are celebrating our many accomplishments, innovations and partnerships. Celebrate with us as you read through the 2015/16 South West CCAC Annual Report.

Celebrating 10 Years of Innovative Client Driven Care

In 2007, seven organizations came together to become the South West CCAC. On January 1, 2017 our organization will celebrate 10 years of outstanding care, every person, every day.

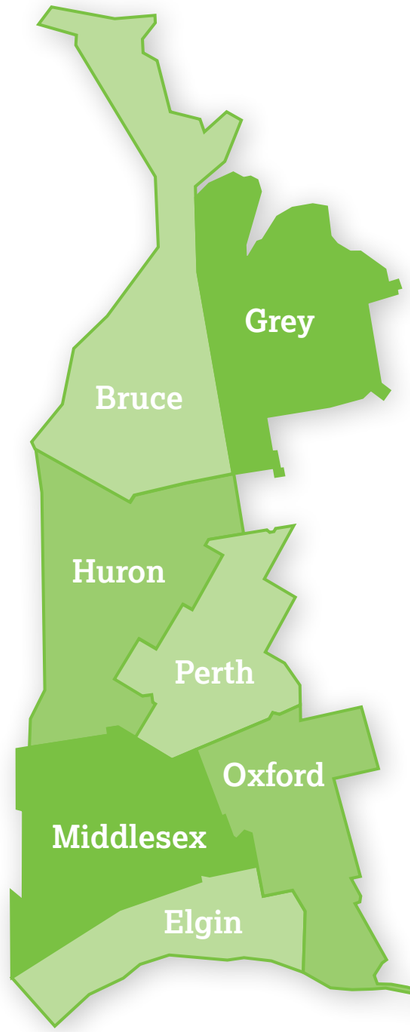
At the heart of the South West CCAC is Client Driven Care (CDC). We believe in partnering with patients, partners and each other to optimize health and cocreate solutions.

Watch: 10th Anniversary Faces of Care Video

Our South West CCAC Journey

OUR COMMITMENT TO PATIENTS and the public is apparent in our daily accomplishments and in our significant contributions to the health care system. As we celebrate 10 years together, we have much be to proud of!

- Client Driven Care
- Heroes in the Home
- LHIN Quality Awards
- OACCAC Sector Innovation Awards
- Accreditation - Exemplary standing
- Patient Satisfaction Rates
- Expanded Hours (8 - 8, 7 days a week)
- Subject Matter Expert Teams
- Balanced Budgets
- Home First and more complex patients
- Primary Care Connections
- Flex Clinics
- FLO Collaborative
- Telehomecare
- Access to Care
- Population Based Approach
- Partnerships for Health
- South West Self Management
- Connecting Care to Home (CC2H)
- Coordinated Access
- Mental Health and Addiction Nurses (MHANs)
- Advanced Home Care Team (Nurse Practitioners, Rapid Response Nurses)
- Patient Engagement and Patient Advisors
- Palliative Outreach Teams
- Information and Referral
- Mobile Workforce
- Facility Moves and Improvements
- CHRIS
- eHomecare: eShift, eClinic
- eNotification, eReferral, eScreener
- Ontario Telemedicine Network (OTN)
- South West Intake Tool (SWIT)
- Electronic Data Sharing with Partners
- Connecting South West Ontario (cSWO)
- ETMS 2.0 development and deployment
- Halogen Software Implementation (performance evaluation process)
- Parklane Software Implementation (disability and accommodation tracking)
- VOIP Telephones
- Dashboards
- Outcome Based Resource Allocation Tool (OBRA)
- Workload Tool for Direct Nursing Programs
- Population Based Reporting
- Report Depot
- Data Repository
- Business Intelligence
- E-forms
- Electronic Signatures
- Quality Improvement Leadership Teams (QILTs)
- Quality Plan, Performance Management Framework, Quality Improvement Plans
- Research Projects with York University, Western University, Wilfrid Laurier University, Queens University
- Canadian Institutes of Health Research grant



2015-16 Highlights

Patient Experience and Engagement Strategy

Patients receiving care from the South West CCAC and our contracted Service Providers have consistently reported a very high level of satisfaction with their care experience. In keeping with our Client-Driven Care approach, patient feedback and experiences have always been used to inform decisions and to enact change. In 2015/16, at their annual retreat the South West CCAC Board of Directors focused on the importance of patient engagement and approved an expansion to our already robust Patient Engagement strategy by adding Patient Advisors to our team. That recruitment has now begun and our first Advisors are already supporting care and decision making processes.

Health Equity to Enable Access to Quality Care

The South West CCAC is committed to health equity, from research initiatives to data analysis to employee driven solutions, we look forward to continuous improvement in this area. We review the South West CCAC policies, procedures, staffing and professional development related to equitable access to care for people annually.

In 2015/16 we incorporated leading health equity practices into our approach such as the Health Equity Impact Assessment (HEIA) tool. The HEIA tool is used to identify and address unintended health impacts on identified population groups. Initiatives such as Health Links and the South West Self Management Program also use the HEIA tool and apply those learnings to enhance health equity within their programs. The 2016/17 strategic plan includes specific improvement projects that have a focus on health equity including work with our Indigenous and LGBTQ populations.

eHomecare

eHomecare is not a program or a technology; rather an overarching strategy to leverage existing and emerging technologies to support people to live in their own homes safely, and with the best possible quality of health and life. To learn more about eHomecare, click here.

The South West CCAC led significant provincial work on the advancement of eHomecare, specifically eShift and eClinic across the province and has made noteworthy contributions on an international scale. This made in South West model is currently being implemented in other parts of Ontario, as well as Michigan, England and France. eHomecare has had a tremendous impact on patients around the world.

Recognition

In 2015/16 the eShift program was recognized as an honour roll member of the Minister's Medals to Honour Excellence in Health Quality and Safety recipients and honour roll. The annual recognition program celebrates the efforts of Ontario's health care providers in improving care for Ontarians.

Watch: **To learn how eHomecare uses the power of technology to improve access to care.**

PATIENT EXPERIENCE:

Frank and Eva's Story

This past summer, with declining physical health, Frank W. (age 99) was admitted to hospital. After running a few tests, his doctor discovered that Frank had late stage cancer and would likely live only a few more weeks, maybe months. Overwhelmed by this news, Frank and his daughter Eva did not know what options existed but Frank knew that he wanted to return to the comfort of his own home for his final days. And so Eva began working with Frank's CCAC Care Coordinator in the hospital to organize the support they would need to make it happen.

At times, there were obstacles and people who said it couldn't be done, but as her father struggled in the unfamiliar hospital environment, Eva understood how important it was to him. With a CCAC care plan in place, Frank was discharged home from hospital after 10 days. Once home, Eva quickly realized that Frank needed more care than she could provide, even with the CCAC care plan she and Frank's Care Coordinator had established. Before calling 911, Eva reached out to the South West CCAC; Peggy Callaghan, a CCAC Complex Care Coordinator responded immediately and was at their home within the hour.

When she arrived, Peggy and Eva sat down and talked about what was happening. Recognizing that both Frank and Eva needed more support, Peggy reached out to Frank's doctors to increase his pain medication, organized more intensive palliative care supports and made sure that support workers were in Frank and Eva's home at all times.

With the patient-centred support they needed, Eva and Frank were both able to find peace. Eva recalls entering Frank's room at one point to find Lindsay, an eShift team member, holding Frank's hand and singing Danny Boy to him.

Eva was able to honour Frank's wish for a peaceful death, in his own home.

2015-16 Highlights

Research

The South West CCAC is collaborating with the University of Western Ontario in a Canadian Institutes of Health Research study that is exploring remote patient monitoring of physical function to support challenges that patients encounter in their homes. This national study will help us to better understand more opportunities to anticipate and/or help patients prevent a future acute health care crisis (ie: a fall).

Western University has been a long time partner of the South West CCAC and continues to participate as a research partner for the eShift model of care. Currently their eShift Evaluation Research to better understand the value of eShift in our health care system.

Information Technology and eHealth

The South West CCAC team developed or expanded a number of eHealth initiatives this year.

The Connecting South West Ontario (cSWO) team facilitated implementation of the Clinical Connect regional viewer, (now being used by more than 15,000 users) and Health Records Management (HRM). On track to meet all eHealth Ontario and LHSC targets by project completion in 2016.

The "South West Intake Tool" (SWIT) was developed and implemented at all South West hospitals to ensure that all new referrals to the CCAC are triaged within 90 minutes. This provides enhanced reporting on effectiveness and productivity.

To improve efficiency for employees and partners and to decrease opportunities for data entry errors, we invested in eForms that auto-populates patient information and uploads the appropriate information into the Client Health Records Information System (CHRIS). Further, we have also expanded the eReferral abilities to include Long-Term Care homes.

To understand the patient populations and their resource needs with a geographical lens, the South West CCAC team developed detailed, interactive County Reports for use with our health system partners.

Watch: **Hugh has helped us to appreciate how Connecting Care to Home benefits patients.**

An Integrated Care Model: Connecting Care to Home, (CC2H)

Together with London Health Sciences Centre, the South West CCAC implemented a specialized care model. Upon admission to hospital, patients with moderate intensity Cardio Obstructive Pulmonary Disease (COPD) needs are enrolledin the CC2H care pathway and are discharged from hospital with enhanced home care supports in place. The CCAC provides these patients with a robust care plan, using the eHomecare model of care to connect a multi-disciplinary team inclusive of a Directing Registered Nurse (DRN) and an in-home Health Care Technician.

- Specially trained Health Care Technicians act as the eyes and ears for the Directing Registered Nurse.
- Electronic medical records (EMR) for patients will be accessible by the entire care team (Primary Care included) through a new online dashboard.
- Patients have a 24/7 direct line to a Registered Nurse (1-844-866-2248) regarding their concerns about their care and services.
- Improved outcomes include decreased hospital length of stays (by six days) and readmission with the first 30 days has decreased by 57%.
- Patients indicate that their experience and self-management skills have improved.

Telehomecare

The South West CCAC launched Telehomecare with a focus on patients with mild to moderate Chronic Obstructive Pulmonary Disease (COPD). During the first month, 70 patients were referred to the program – it was noted to be the most successful launch in the province. `

Telehomecare uses technology to bring chronic disease patients the care they need, right in their home. Telehomecare Nurses monitor each patient's health status remotely, offering education and health coaching. The patient's primary care provider is kept informed with ongoing updates. Together, the goal is to inspire individuals to manage their own health at home. Patients are telling us that Telehomecare is a valuable program that helps them to manage their own health without having to utilize hospital emergency departments.

Watch: **Telehomecare Patient Experience**

2015-16 Highlights

Palliative Outreach Team

The South West CCAC launched a second palliative care outreach team for the Oxford and Elgin area. This team enables more patients to die in their place of choice. We have also developed 24/7 centralized phone numbers for patients to access palliative care physicians in London/Middlesex, Oxford, Elgin, Grey and Bruce counties with intent to minimize unplanned hospital visits.

Strengthening Relationships with Primary Care

South West CCAC Care Coordinators are now connected to every primary care provider across the South West! This is a significant accomplishment as the South West is the first CCAC in the province to have achieved this milestone. With a direct phone line in place (1-844-CCAC-4MD) and a **dedicated page on our website** for primary care to access the information they need, when they need it the South West CCAC is committed to strengthening relationships with our primary care partners. In 2015/16 we initiated a pilot project that provides primary care team members with the ability to access South West CCAC Electronic Medical Records.

Health Links brings local health care providers together to close the gaps that often occur when a person moves from one provider to another. The South West CCAC has played an integral role in the implementation of the six South West Health Links. Coordinated Care Plans result in faster follow-up for people being discharged from hospital, reduced likelihood of hospital readmissions and preventable emergency visits.

Partnering for Quality supported more than 347 physicians at more than 50 learning sessions in conjunction with hundreds of coaching sessions on quality improvement, chronic disease and eHealth.

Care Connectors working in the Health Care Connect program continued matching patients with family physicians, an excellent example of our expanded role as system navigator. As of March, 2016, more than 44,000 patients have been matched with family physicians, which is the second highest number of patients matched in the province.

Partnering for Quality

Watch: Connecting Care Collaborative

Watch: Stroke Capacity

Awards & Recognition

The South West CCAC Partnering for Quality Team was recognized at the Ontario Association of Community Care Access Centres' (OACCAC) Annual Conference with the Sector Innovation Award.

The Sector Innovation Award recognizes outstanding leadership of a provincial team in developing and implementing initiatives driven from the sector shared purpose and priorities. The Partnering for Quality team was nominated for this award because of their outstanding accomplishments in building relationships across stakeholders, their ability to engage primary care physicians, as well as providing hands-on knowledge exchange and sustainable tools for system change.

In June the South West CCAC and its respective partners were recognized with the 2015 South West LHIN Quality Awards for contributions to the Connecting Care Collaborative and to the Stroke Capacity Assessment and Best Practice Implementation Project. The Quality Awards program was established by the South West LHIN in 2011 to recognize organizations that have implemented a sustainable quality improvement initiative by working together to achieve performance excellence.

2015-16 Highlights

Heroes in the Home

Heroes in the Home is a celebration sponsored by the South West Community Care Access Centre (CCAC) and SouthWesthealthline.ca to honour those special individuals who go above and beyond in helping care for a loved one. Caregivers who provide care in the home can be nominated, and all nominees will receive a certificate of recognition during a special celebration in the fall. **To learn more about Heroes in the Home, read our 2015/16 patient newsletter.**

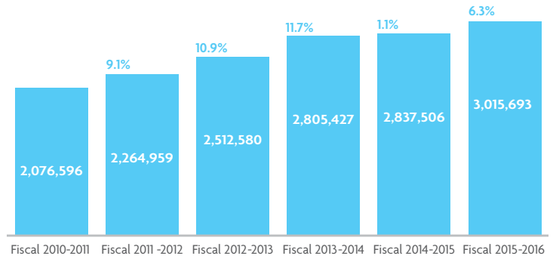
Over 600 Heroes were recognized at three events across the South West in 2015/16.

Client Driven Care Awards

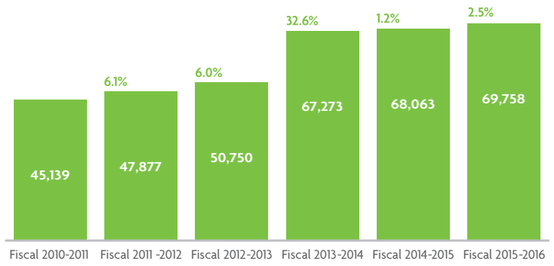
Client-Driven Care (CDC) is the cornerstone of community practice at the South West CCAC. CDC is about building on strengths, partnerships, teamwork, mutual respect and shared goals in our everyday practice. Each year, the South West CCAC staff have an opportunity to recognize peers and colleagues for their dedication to living our principles of Client-Driven Care with the Client-Driven Care Awards of Distinction. In 2015/16, we received 34 nominations.

Facts & Figures

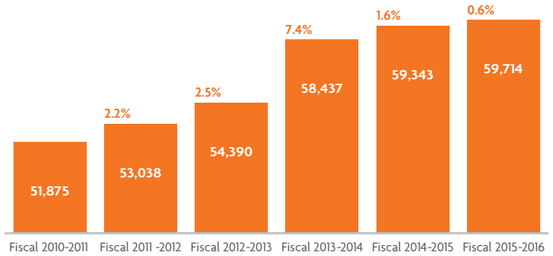
Home and School Visits to Patient



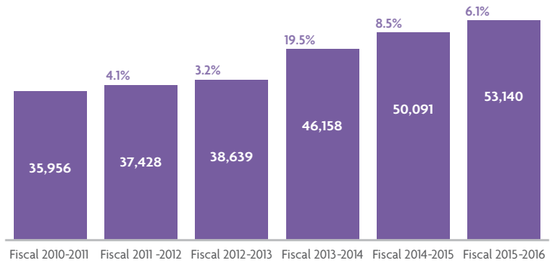
Total Referrals



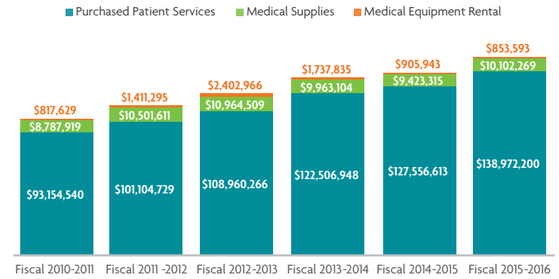
Patients Served



Admissions

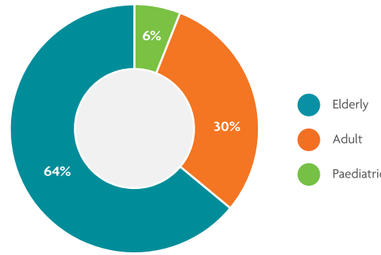


Spending on Patient Care

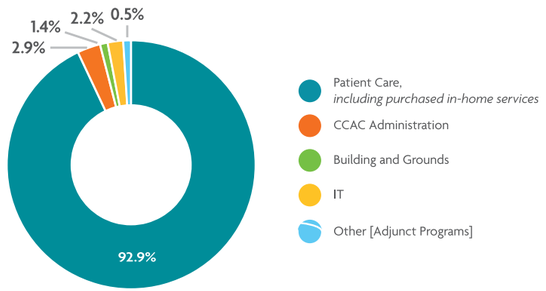


Total Admissions

Fiscal 2015-2016



CCAC Spending Allocation



Financial statements of

South West Community Care Access Centre

March 31, 2016

South West Community Care Access Centre
March 31, 2016

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Independent Auditor's Report

To the Chair and Members of
South West Community Care Access Centre

We have audited the accompanying financial statements of South West Community Care Access Centre ("SWCCAC"), which comprise the statement of financial position as at March 31, 2016, the statements of operations and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of South West Community Care Access Centre as at March 31, 2016, the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

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Chartered Professional Accountants
Licensed Public Accountants
June 29, 2016

South West Community Care Access Centre

Statement of operations
year ended March 31, 2016

	2016	2015
	$	$
Revenue		
Ontario Ministry of Health and Long-Term Care grant	**216,713,934**	206,395,763
Hospice revenue	**2,544,415**	2,694,092
Other revenues	**1,755,816**	409,111
Interest earned	**210,739**	168,838
Donation revenue	**11,975**	8,170
Amortization of deferred capital contributions (Note 6)	**929,121**	1,134,936
Total revenue	**222,166,000**	210,810,910
Expenditures		
In-home/clinic services	**129,951,275**	118,903,247
School services	**9,020,925**	8,982,197
Hospice services	**2,544,415**	2,694,092
Medical supplies	**10,102,269**	9,423,315
Medical equipment rental	**853,593**	905,942
Salaries and benefits	**58,705,793**	58,403,047
Supplies and sundry	**6,491,240**	6,769,063
Building and ground	**2,323,094**	2,520,055
Depreciation	**1,546,190**	1,391,856
Repairs and maintenance	**609,024**	479,217
Total expenditures	**222,147,818**	210,472,031
Loss from derecognition of capital assets	**13,532**	16,862
Excess of revenue over expenditures for the year	**4,650**	322,017
Due to Ontario Ministry of Health and Long-Term Care	**61,019**	392,120
Non-vesting sick pay	**(56,369)**	(70,103)
	4,650	322,017

The accompanying notes to the financial statements are an integral part of this financial statement.

South West Community Care Access Centre

Statement of financial position
as at March 31, 2016

	2016	2015
	$	$
Assets		
Current assets		
Cash (Note 12)	**19,269,528**	26,266,510
Accounts receivable	**806,008**	763,325
Statutory government remittances receivable	**819,318**	924,040
Due from Ontario Ministry of Health and Long-Term Care (Note 3)	**323,548**	673,253
Prepaid expenses	**757,966**	394,928
	21,976,368	29,022,056
Rental, security and benefit deposits	**130,548**	130,548
Capital assets (Note 4)	**6,080,145**	6,950,272
	28,187,061	36,102,876
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	**19,441,163**	22,122,778
Statutory government remittances payable	**631,505**	515,934
Non-vesting sick pay obligation	**608,133**	551,764
Due to Ontario Ministry of Health and Long-Term Care (Note 3)	**1,643,738**	6,486,422
Current portion of capital lease obligations (Note 5)	**428,734**	339,678
Current portion of deferred contributions for capital expenditures (Note 6)	**927,278**	1,144,046
	23,680,551	31,160,622
Commitments and contingencies (Note 7)		
Long-term capital lease obligations (Note 5)	**452,163**	421,547
Long-term deferred contributions for capital expenditures (Note 6)	**4,662,480**	5,072,471
	28,795,194	36,654,640
Accumulated non-vesting sick pay (Note 13)	**(608,133)**	(551,764)
	28,187,061	36,102,876

Approved by

A SIGNED COPY IS ON FILE

The accompanying notes to the financial statements are an integral part of this financial statement.

South West Community Care Access Centre

Statement of cash flows
year ended March 31, 2016

	2016	2015
	$	$
Operating activities		
Excess of revenue over expenditures	**4,650**	322,017
Reimbursement of surplus to Ministry of Health and Long-Term Care	**(61,019)**	(392,120)
Adjustments for		
Depreciation of capital assets	**1,546,190**	1,391,857
Amortization of deferred capital contributions	**(929,121)**	(1,134,936)
Loss from derecognition of capital assets	**13,532**	16,862
Changes in non-cash working capital items (Note 8)	**(6,708,370)**	6,682,459
	(6,134,138)	6,886,139
Investing activities		
Purchase of capital assets	**(878,105)**	(910,679)
Increase in deferred contributions	**525,608**	1,442,079
	(352,497)	531,400
Financing activity		
Repayment of capital lease obligations	**(510,347)**	(372,417)
Net change in cash	**(6,996,982)**	7,045,122
Cash, beginning of year	**26,266,510**	19,221,388
Cash, end of year	**19,269,528**	26,266,510

The accompanying notes to the financial statements are an integral part of this financial statement.

1. Organization

The South West Community Care Access Centre ("SWCCAC") was created under Regulation 366/06 of the Community Care Access Corporations Act, 2007 as a statutory corporation without share capital.

The Mission of the SWCCAC is as follows:

To deliver a seamless experience through the health system for people in our diverse communities, providing equitable access, individualized care coordination and quality health care.

We get people the care they need to stay well, heal at home, and stay safely in their homes longer. When home is no longer a choice, we help people make the change to other living arrangements.

The services provided by the SWCCAC include:

- care coordination;
- nursing / nurse practitioner;
- personal support work;
- physiotherapy;
- occupational therapy;
- speech-language therapy;
- nutritional counseling;
- social work;
- medical supplies and equipment;
- connections to community support services;
- connections to primary care;
- connections to rehabilitation;
- complex continuing care;
- access to adult day programs;
- assisted living and supportive housing;
- access to long-term care homes; and
- children's services.

All of these services are fully funded by the Ontario Ministry of Health and Long-Term Care.

2. Summary of significant accounting policies

The financial statements have been prepared in accordance with Canadian public sector accounting standards and include the following significant accounting policies:

Basis of accounting

Revenue and expenditures are recorded on the accrual basis.

Cash

Cash consists of short-term bank balances.

Ontario Ministry of Health and Long-Term Care grant

According to the agreement with the Ontario Ministry of Health and Long-Term Care, the grant for the fiscal period is refundable to the Ministry to the extent that the grant exceeds expenditures. Similarly, any excess of expenditures over grants received may be reimbursed at the discretion of the Ontario Ministry of Health and Long-Term Care.

2. Summary of significant accounting policies (continued)

Capital assets

Capital assets are recorded at cost and depreciated over their estimated useful lives. Depreciation is computed on a declining balance basis as follows:

Computer equipment and software	33%
Communications equipment	20%
Equipment capital leases	Straight-line
Software capital leases	Straight-line
Leasehold improvements	10%
Furniture and equipment	10%
Phone system	20%

Deferred contributions

Contributions received for capital assets are deferred and amortized over the same term and on the same basis as the related capital assets.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Significant estimates include depreciation rates for capital assets and certain accruals. Actual results could differ from those estimates.

Financial instruments

Financial assets and financial liabilities are initially recognized at fair value when the SWCCAC becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost which approximates fair value.

With respect to financial assets measured at cost or amortized cost, the SWCCAC recognizes in net earnings an impairment loss, if any, when there are indicators of impairment and it determines that a significant adverse change has occurred during the period in the expected timing or amount of future cash flows. When the extent of impairment of a previously written-down asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to net earnings in the period the reversal occurs.

3. Due from/to Ontario Ministry of Health and Long-Term Care

The balance receivable from the Ontario Ministry of Health and Long-Term Care comprises the following:

	2016	2015
	$	$
Accrued funding due from Ministry	323,548	673,253

3. Due from/to Ontario Ministry of Health and Long-Term Care (continued)

The balance payable with the Ontario Ministry of Health and Long-Term Care comprises the following:

	2016	2015
	$	$
Excess of revenue over expenditures for the year	4,650	322,017
Adjustment for non-vesting sick pay obligation expense	56,369	70,103
Programs payable	583,331	5,163,597
Recoveries of prior year surpluses	(5,487,034)	(1,772,182)
Ontario Ministry of Health and Long-Term Care opening balance	6,486,422	2,702,887
Due to Ontario Ministry of Health and Long-Term Care	1,643,738	6,486,422

The balance due to the Ontario Ministry of Health and Long-Term Care is due on demand.

4. Capital assets

	Cost	Accumulated depreciation	Net book value	Net book value
	$	$	$	$
Computer equipment	3,756,156	2,780,684	975,472	1,407,788
Computer software	2,195,750	1,789,826	405,924	557,528
Equipment capital lease	1,886,017	760,161	1,125,856	998,601
Software capital lease	24,946	23	24,923	-
Communications equipment	917,537	649,222	268,315	325,072
Leasehold improvements	3,667,080	2,306,126	1,360,954	1,501,398
Furniture and equipment	4,809,703	3,245,206	1,564,497	1,734,575
Phone system	1,342,569	988,365	354,204	425,310
	18,599,758	12,519,613	6,080,145	6,950,272

The total amount owing in accounts payable related to the purchase of capital assets was $6,583 as at March 31, 2016 (2015 - $601,867).

5. Obligations under capital lease

	2016	2015
	$	$
Computer lease maturing in March 2017. Annual combined interest and prinicpal payments of $13,318 plus applicable taxes are required until maturity	-	13,472
Computer lease maturing in September 2016. Annual combined interest and prinicpal payments of $5,519 plus applicable taxes are required until maturity	-	5,448
Computer lease maturing in December 2016. Annual combined interest and principal payments of $12,441 plus applicable taxes are required until maturity	-	12,585
Computer leasing maturing in February 2017. Annual combined interest and principal payments of $33,089 plus applicable taxes are required until maturity	-	33,472
Computer lease maturing in May 2017. Annual combined interest and prinicpal payments of $2,143 plus applicable taxes are required until maturity	2,360	4,660
Computer lease maturing in August 2017. Annual combined interest and prinicpal payments of $92,465 plus applicable taxes are required until maturity	93,673	184,972
Computer lease maturing in October 2017. Annual combined interest and prinicpal payments of $30,681 plus applicable taxes are required until maturity	31,082	61,376
Computer lease maturing in March 2017. Annual combined interest and prinicpal payments of $4,698 plus applicable taxes are required until maturity	4,759	9,398
Computer lease maturing in March 2017. Annual combined interest and prinicpal payments of $44,020 plus applicable taxes are required until maturity	44,595	88,061
Computer lease maturing in March 2018. Annual combined interest and principal payments of $10,361 plus applicable taxes are required until maturity	10,481	20,682
Computer lease maturing in March 2018. Annual combined interest and prinicpal payments of $18,154 plus applicable taxes are required until maturity	18,364	36,236
Computer lease maturing in September 2018. Annual combined interest and prinicpal payments of $5,023 plus applicable taxes are required until maturity	10,071	-
Computer lease maturing in December 2018. Annual combined interest and prinicpal payments of $4,082 plus applicable taxes are required until maturity	8,184	-
Computer lease maturing in April 2019. Annual combined interest and principal payments of $18,927 plus applicable taxes are required until maturity	37,780	55,915

5. Obligations under capital lease (continued)

	2016	2015
	$	$
Equipment lease maturing in April 2019. Monthly combined interest and prinicpal payments of $10,442 plus applicable taxes are required until maturity	376,288	-
Computer lease maturing in September 2019. Annual combined interest and prinicpal payments of $10,948 plus applicable taxes are required until maturity	32,436	42,705
Computer lease maturing in January 2020. Annual combined interest and prinicpal payments of $27,803 plus applicable taxes are required until maturity	82,376	108,454
Computer lease maturing in March 2020. Annual combined interest and prinicpal payments of $21,480 plus applicable taxes are required until maturity	63,641	83,789
Computer lease maturing in March 2021. Annual combined interest and prinicpal payments of $16,554 plus applicable taxes are required until maturity	64,807	-
	880,897	761,225
Less current portion of capital lease obligation	428,734	339,678
Long-term portion of capital lease obligation	452,163	421,547

Pledged as security for the above borrowings are the equipment under capital lease.

The minimum payments over the remaining terms of the leases are as follows:

	$
2017	449,881
2018	239,185
2019	210,048
2020	17,207
2021	-
Total minimum payment	916,321
Less: interest	35,424
	880,897

6. Deferred contributions for capital expenditures

	2016	2015
	$	$
Balance beginning of the year	**6,216,517**	5,909,374
Contributions received during the period for capital purposes	**525,608**	1,442,079
	6,742,125	7,351,453
Amortization of deferred capital contributions recognized as revenue	**929,121**	1,134,936
Amortization of deferred capital contributions recognized as deferred revenue	**223,246**	-
	5,589,758	6,216,517
Less: current portion of deferred contributions for capital expenditures	**927,278**	1,144,046
Long-term deferred contributions for capital expenditures	**4,662,480**	5,072,471

Deferred capital contributions represent the unamortized amount of funding received for the purchase of capital assets. $223,246 (2015 – $0) of the amortization of the deferred contributions is recorded as deferred revenue and the remainder of the balance is recorded as revenue in the statement of operations.

7. Commitments and contingencies

The SWCCAC has entered into operating leases for their office facilities. Future payments under the leases aggregate to $7,554,128 including the following amounts over the next five years and thereafter:

	$
2017	1,358,732
2018	1,246,601
2019	1,105,877
2020	907,789
2021	900,289
Thereafter	2,034,840

Contingencies

The SWCCAC is involved in certain claims arising in the ordinary course of business. An amount has been accrued in the financial statements for SWCCAC's best estimate of the exposure. Although the ultimate outcome of these matters cannot be ascertained at this time, it is the opinion of management that these claims should be resolved without material effect on the SWCCAC's financial position.

8. Additional information to the statement of cash flows

Changes in non-cash working capital items

	2016	2015
	$	$
Accounts receivable	(42,683)	(485,825)
Statutory government remittances receivable	104,722	(78,574)
Due from Ontario Ministry of Health and Long-Term Care	349,705	(673,253)
Prepaid expenses	(363,038)	64,183
Accounts payable and accrued liabilities	(2,086,332)	4,129,145
Statutory government remittances payable	115,571	(126,855)
Non-vesting sick pay obligation	56,369	70,103
Due to Ontario Ministry of Health and Long-Term Care	(4,842,684)	3,783,535
Total change in non-cash working capital items	(6,708,370)	6,682,459

During the year, capital assets were acquired at an aggregate cost of $912,841 (2015 - $2,124,589) of which $630,020 (2015 - $827,075) were acquired by means of capital leases and the balance of the purchase price of $282,821 (2015 - $1,297,514) was paid by SWCCAC in cash or accrued for at year end.

9. Pension plan

Substantially all of the employees of the SWCCAC are eligible to be members of the Hospitals of Ontario Pension Plan, which is a multi-employer final average pay contributory pension plan. As there is insufficient information to apply defined benefit plan accounting, defined contribution plan accounting has been used by the SWCCAC. Employer contributions made to the plan during the fiscal period amounted to $3,960,374 (2015 - $3,707,641) and are included in benefits expense in the statement of operations. As at December 31, 2016, the Hospitals of Ontario Pension Plan has a surplus of $14,773,000.

10. Financial instruments

Fair value

The fair values of cash, accounts receivable, accounts payable and accrued liabilities, due to/from Ministry of Health and Long-Term Care and capital lease obligations are approximately equal to their carrying values.

Interest rate risk

The SWCCAC does not have any form of borrowing and therefore the interest risk is very low.

Credit risk

The SWCCAC collects balances from the Ministry of Health and Long-Term Care of Ontario in the normal course of its operations and due to the nature of the receivables, the SWCCAC is exposed to minimal credit risk.

Liquidity risk

Liquidity risk is the risk of being unable to meet a demand for cash or fund obligations as they come due. The SWCCAC manages its liquidity risk by constantly monitoring forecasted and actual cash flow and financial liability maturities.

Accounts payable and accrued liabilities are generally paid within 30 days. There is no loan or other financial facility that contains covenant or demands of repayment.

11. Capital management

The SWCCAC's objectives when managing capital are to develop and maintain a financial model and a capital expenditure process which supports the strategic directions of the SWCCAC, and safeguards the SWCCAC's ability to continue to provide benefits to its patients.

Capital at the entity is comprised of net assets. In order to maintain or adjust the capital structure, the entity must obtain additional funding or use surplus operating funds.

The entity is not subject to any externally imposed capital requirements.

12. Bank indebtedness

The SWCCAC has an unsecured available operating line of $13,000,000 bearing interest at prime minus 0.5%. There was no balance outstanding at March 31, 2016.

13. Accumulated non-vesting sick pay

The accumulated non-vesting sick pay comprises the sick pay benefits that accumulated but do not vest. These adjustments are not funded by the Ontario Ministry of Health and Long-Term Care.

14. Subsequent events

On June 2, 2016, "Bill 210, Patients First Act, 2016" received First Reading in the Ontario Legislature. Bill 210, if passed, will repeal the Community Care Access Corporations Act, 2001 and make amendments to the Local Health System Integration Act, 2006 (LHSIA) and various other statutes to enable the Minister of Health and Long Term Care to issue an Order to transfer all assets, liabilities and employees from the CCAC to the LHIN with the same geographic boundaries. As of June 29, 2016 there have been no additional details released.

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